

KALEPA VILLAGE
4535 Kalepa Circle, Lihue HI 96766 (808) 246-4481
Rental Application

INSTRUCTIONS: PLEASE PRINT AND COMPLETE BOTH SIDES, ANSWER EACH SECTION AND ITEM. IF NO ANSWER WRITE "N.A." IN THE SPACE PROVIDED. SIGN AND DATE THE APPLICATION ON THE BACK SIDE **APPLYING FOR: (CHECK): () One Bedroom () Two Bedroom () Three Bedroom**

A P P L I C A N T	MEMBER NO.	APPLICANT'S NAME				
	1	(LAST)		(FIRST)		(MIDDLE INITIAL)
		(SSN)		(BIRTHDATE)		
		CO-APPLICANT'S NAME				
		(LAST)		(FIRST)		(MIDDLE INITIAL)
2	(SSN)		(BIRTHDATE)			
	MAILING ADDRESS					
	(NO.)		(STREET)		(APT.)	
	(CITY)		(STATE)		(ZIP.)	
(HOME PHONE)		(BUSINESS PHONE)				
LIST BELOW ALL OTHERS WHO WILL LIVE WITH YOU. (DO NOT LIST HUSBAND AND WIFE)						
F A M I L Y	FAMILY MEMBER NO.	FULL NAME		DATE OF BIRTH	U.S. CITIZEN (Y OR N)	SOC. SEC. NO OR ALIEN NO.
	3					
	4					
	5					
	6					
	7					
	FORMER NAME (S)					
	DO YOU REQUIRE A HANDICAP UNIT? () YES () (NO)					
	LIST EVERYONE ON THE APPLICATION WHO IS WORKING, THEIR EMPLOYERS, THEIR PAY					
	FAMILY MEMBER NO.	COMPANY/EMPLOYER'S NAME	POSITION	HOURS WORKED PER WEEK	ANNUAL GROSS PAY	
				CURRENT GROSS PAY	PAY PERIODS (Weekly, Monthly, Bi-monthly)	ANNUAL INCOME
REPORT BELOW IF ANYONE ON APPLICATION HAS INCOME FROM FOLLOWING SOURCES AND GIVE THE GROSS AMOUNTS RECEIVED						
I N C O M E	FAMILY MEMBER NO.	SOURCE	AMOUNT PER MONTH	FAMILY MEMBER NO.	SOURCE	AMOUNT PER MONTH
		WELFARE (FINANCIAL)	\$		VETERAN'S COMPENSATION	\$
		UNIT	\$		VETERAN'S PENSION	\$
		WORKER	\$		VETERAN'S EDUCATION BENEFITS	\$
		OTHER WELFARE ASSISTANCE			CHILD SUPPORT FROM:	
		CHILD CARE () MEDICAL ()				
		CHORE HOUSEKEEPER SERVICE				
		SOCIAL SECURITY			ALIMONY	
		SUPPLEMENTAL SECURITY INC. (SSI)			ANY OTHER SUPPORT	
		UNEMPLOYMENT COMPENSATION			SCHOLARSHIPS AND GRANTS	
		WORKER'S COMPENSATION			MEDICARE PREMIUM REFUND FROM:	
		RETIREMENT/PENSION FROM:			INCOME CREDIT ON LAST TAX RETURN	
					OTHER INCOME	

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Voluntary Information:

As part of our efforts towards ensuring equal housing opportunity, your help is needed in providing us with information about your ethnic background. You are assured that the information will be considered confidential and will be used for statistical purposes. Please specify race/national origin below:

Applicant: I do not wish to furnish this information. (initials) _____

Spouse: I do not wish to furnish this information. (initials) _____

Race/National Origin

Race/National Origin

Specify _____

Specify _____

Male _____ Female _____

Male _____ Female _____

ASSETS	DOES ANYONE ON THE APPLICATION HAVE THE FOLLOWING ASSETS?							
	CHECKING YES () NO ()				STOCKS/MUTUAL FUNDS YES () NO ()			
	FAMILY MEMBER NO.	NAME BANKS, S&L, CREDIT UNIONS, ETC.	ACCOUNT NO.	AMOUNT	FAMILY MEMBER NO.	NAME STOCK, M. FUND	SHARES	VALUE
	SAVINGS YES () NO ()				BONDS YES () NO ()			
	FAMILY MEMBER NO.	NAME BANKS, S&L, CREDIT UNIONS, ETC.	ACCOUNT NO.	AMOUNT	FAMILY MEMBER NO.	DENOMINATION	BONDS	VALUE
	PROPERTY/REAL ESTATE YES () NO ()				LIFE INSURANCE YES () NO ()			
	FAMILY MEMBER NO.	LOCATION	ESTIMATED VALUE	EST. EQUITY	FAMILY MEMBER NO.	COMPANY NAME	CASH VALUE	
OTHER ASSETS								
A. IRA/KEOGH/DEFERRED COMPENSATION				() YES () NO	CURRENT BALANCE	S		
B. TRUST FUND				() YES () NO	CURRENT BALANCE	S		
C. JOINT ACCOUNT				() YES () NO	CURRENT BALANCE	S		
D. REAL PROPERTY (LAND/BUILDING)				() YES () NO	CURRENT BALANCE	S		
E. INVESTMENT (COIN COLLECTION/ANTIQUES, ETC.)				() YES () NO	CURRENT BALANCE	S		
F. PROFIT SHARING				() YES () NO	CURRENT BALANCE	S		
HOUSING NEEDS AND OTHER INFORMATION	HAVE YOU EVER RENTED ON YOUR OWN? () YES () NO				DO YOU PRESENTLY OCCUPY A RENTAL UNIT? () YES () NO			
	HOW LONG HAVE YOU LIVED AT PRESENT RENTAL?		HOW MANY BEDROOMS IN YOUR PRESENT UNIT?	WHAT IS YOUR PRESENT RENT?	ARE UTILITIES INCLUDED IN THE RENT?			
	(YEARS) (MONTHS)				() YES () NO			
	NAME OF YOUR PRESENT LANDLORD		LANDLORD'S ADDRESS		HOME PHONE			
			STREET		HOME PHONE			
			CITY STATE ZIP	BUSINESS PHONE				
	NAME OF YOUR PREVIOUS LANDLORD		LANDLORD'S ADDRESS		HOME PHONE			
			STREET		HOME PHONE			
			CITY STATE ZIP		BUSINESS PHONE			
	HOW LONG DID YOU LIVE AT THIS RENTAL?		REASON FOR LEAVING?					
	(YEARS) (MONTHS)							
	HAVE YOU OR ANY PERSONS LISTED ON APPLICATION BEEN CONVICTED FOR ANY OFFENSE AGAINST THE LAWS? () YES () NO							
	LIST OFFENSE AND DATE							
	APPLICANT CERTIFICATION							
I/We certify that all of the information listed on this application is accurate and complete to the best of my/our knowledge. I/We understand that withholding, and/or listing false information is grounds for: (1) denial of admission to this program and future programs; (2) immediate eviction and termination of rental agreement; (3) payment of back charges; (4) prosecution under the laws of the county, state and federal governments.								
SIGNATURE				SIGNATURE OF SPOUSE OR JOINT TENANT				
DATE OF APPLICATION								
HAWAII AFFORDABLE PROPERTIES, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE AND DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.								
HAWAII AFFORDABLE PROPERTIES, INC. DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAP STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.								
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